K051472

### Section O. Biophen LMWH and UFH Control Plasma

(Summary of Safety and Effectiveness)

#### Submitted by:

Hyphen BioMed 95000 Neuville sur Oise, France Phone # 01 34 40 6510 Fax# 01 34 487236

#### Contact Person:

Dr. Jean Amiral, President &Scientific Director jamiral@hyphen-Biomed.com

#### Summary prepared by:

15<sup>th</sup> April 2005

#### Name of the device:

Biophen LMWH Control Biophen LMWH Control Low & Biophen UFH Control

#### Classification Name:

Plasma Coagulation Control

Classification: Class II

Regulation#: 864.5425, for Biophen LMWH & LMWH Low Control Plasma

864.5425 for Biophen UFH control plasma

Product Code: GGN for Biophen LMWH & LMWH Low Control Plasma

GGN for Biophen UFH Control Plasma

#### **Predicate Device Information:**

Biophen LMWH & LMWH Low Control Plasma: Control Plasma LMW Heparin (K030965) Biophen UFH Control Plasma: Heparin Control (K943520) — Ami Piron Plasma: Heparin Control (K943520)

#### Description of the Device/intended use:

Biophen LMWH, LMWH Low and UFH Control Plasma is an in vitro diagnostic quality control intended for use with chromogenic assays to assess precision and accuracy at Heparin low and high levels (in the usual recommended therapeutic range).

## Statement of how the technological Characteristics of the device compare to the Predicate device:

Biophen LMWH control uses the same principle as the predicate device Control Plasma LMW Heparin and is substantially equivalent in performance, intended use and safety and effectiveness.

Biophen UFH control uses the same principle as the predicate device Heparin Control and is substantially equivalent in performance, intended use and safety and effectiveness.

#### Summary of Performance data:

A reproducibility results for the Biophen LMWH, LMWH low and UFH Control plasma is given below:

Biophen LMWH Control	LMWH Concentration (IU/ml)	Acceptable Range (IU/ml)	N	SD
Level 3	0.79	0.69 -0.89	69	0.03
Level 4	1.25	1.10-1.40	69	0.05

Biophen LMWH Control Low	LMWH Low Concentration (IU/ml)	Acceptable Range (IU/ml)	N	SD
Level I	0.25	0.17-0.33	43	0.02
Level II	0.50	0.40-0.60	43	0.03

Biophen UFH	UFH Concentration	Acceptable Range (IU/ml)	N	SD
Control	(IU/ml)		ŀ	
Level 1	0.21	0.11-0.31	30	0.01
Level 2	0.51	0.36-0.66	30	0.02

#### (Summary of Safety and Effectiveness)

#### Submitted by:

Hyphen BioMed 95000 Neuville sur Oise, France Phone # (33) 01 34 40 6510 Fax# (33) 01 34 487236

#### **Contact Person:**

Dr. Jean Amiral, President &Scientific Director Phone number: (+33)(1)34406510 jamiral@hyphen-Biomed.com

#### **US Agent:**

Mr. Ola Andersson Phone number : (513) 770-1993 Ola@aniara.com

#### Summary prepared by:

3rd November 2005

#### Name of the device:

Biophen Heparin Calibrator Biophen UFH Calibrator

#### Classification Name:

Calibrator, Secondary

#### Classification:

Class II

**Regulation#: 862.1150** 

**Product Code: JIT** 

#### **Predicate Device Information:**

K030964 Calibration Plasma LMW Heparin K042941 Heparin Calibrators & Controls

#### Device intended use:

Biophen Heparin Calibrator is a set of calibration plasmas for Heparin (UFH and LMWH) measurements, using anti-Xa colorimetric assays (BIOPHEN HEPARIN 3 and 6). Biophen Heparin Calibrator allows calibrating the assays of Low Molecular Weight Heparin (LMWH) using chromogenic anti-Xa methods. It can be also used for calibrating the measurements of Unfractionated Heparin (UFH) when the BIOPHEN Heparin kit is used. Biophen heparin is a chromogenic anti-Xa method developed for measuring homogeneously heparin (UFH) and Low Molecular Weight Heparin (LMWH), using the same calibration curve.

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K051472 Response to 7/6/05 Deficiency Letter October 31, 2005 BIOPHEN UFH Calibrator is a set of calibration plasmas for Unfractionated Heparin (UFH) measurements, using anti-Xa colorimetric assays (BIOPHEN HEPARIN 3 and 6). BIOPHEN UFH Calibrator allows calibrating the measurements of Unfractionated Heparin (UFH) when the BIOPHEN Heparin kit is used.

#### Performance of the Device:

The concentration of the calibrators is determined from the multiple determinations. The following tables show good reproducibility for the LMWH calibrator and UFH calibrator.

Calibrator	Concentration in	Intra	Intra	Inter	Inter
	LMWH (IU/ml)	Assay	Assay	Assay	Assay
		N	CV	N	SD
Calibrator 1	0	10	NA	50	0.01
Calibrator 2	0.38	10	2.3	50	0.02
Calibrator 3	0.77	10	0.5	50	0.03
Calibrator 4	1.14	10	1.0	50	0.05
Calibrator 5	1.5	10	0.5	50	0.06

Calibrator	Concentration in Unfractionated Heparin (IU/ml)	Intra Assay N	Intra Assay CV	Inter Assay N	Inter Assay SD
Calibrator 1	0	10	NA	28	0
Calibrator 2	0.36	10	1.4	28	0.02
Calibrator 3	0.74	10	1.0	28	0.04
Calibrator 4	1.08	10	0.5	28	0.06
Calibrator 5	1.42	10	0.5	28	0.08

## DEPARTMENT OF HEALTH & HUMAN SERVICES

HYPHEN Biomed c/o Mr. Ola Anderson President Aniara Corporation 6560 Gove Court Mason, Ohio 45040

DEC 2 3 2005

Food and Drug Administration 2098 Gaither Road Rockville MD 20850

Re:

k051472

Trade/Device Name: Biophen Low Molecular Weight Heparin (LMWH) Control Plasma

Biophen Low Molecular Weight Heparin (LMWH) Control Low

Biophen Unfractionated Heparin (UFH) Control Plasma Biophen Heparin Calibrator and Biophen UFH Calibrator

Regulation Number: 21 CFR § 864.5425

Regulation Name: Multipurpose system for in vitro coagulation studies

Regulatory Class: II

Product Code: GGN, GGC, KFF

Dated: November 3, 2005 Received: November 8, 2005

#### Dear Ms. Anderson:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in Title 21, Code of Federal Regulations (CFR), Parts 800 to 895. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Parts 801 and 809); and good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820). This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific information about the application of labeling requirements to your device, or questions on the promotion and advertising of your device, please contact the Office of In Vitro Diagnostic Device Evaluation and Safety at (240) 276-0484. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <a href="http://www.fda.gov/cdrh/industry/support/index.html">http://www.fda.gov/cdrh/industry/support/index.html</a>

Sincerely yours,

Robert L. Becker, Jr., MD, Pa.D

Director

Division of Immunology and Hematology

Office of In Vitro Diagnostic Device

Evaluation and Safety Center for Devices and Radiological Health

**Enclosure** 

# Section D. Statement of Indication for Use

Indications for Use

510(k) Number (if known): <u>K051</u>	472_	
Device Name: Biophen Low Molecular	r Weight Heparin	(LMWH) Control Plasma,
Biophen Low Molecula	r Weight Heparin	(LMWH) Control Low,
& Bjophen Unfractiona	ited Heparin (UFF	H) Control Plasma
Indications for Use:		
Biophen Low Molecular Weight Heparin Low) and Unfractionated Heparin (UFH of Low Molecular weight Heparin(LMW) anti Xa colorimetric assays (Biophen He	l) control are set on H) and Unfraction	folecular Weight Heparin Low (LMWH of control plasmas for the quality control nated Heparin(UFH) measurements using
These control plasmas are within the use weight heparin (LMWH) and Unfraction	sual therapeutic rated Heparin (UF	ange recommended for the low molecular TH).
Description Has Y		Over-The-Counter Use
Prescription Use X (Part 21 CFR 801 Subpart D)	AND/OR	(21 CFR 801 Subpart C)
(PLEASE DO NOT WRITE BELO	OW THIS LINE OF NEEDED	-CONTINUE ON ANOTHER PAGE )
Concurrence of CDF	RH, Office of De	evice Evaluation (ODE)
House	him Bui	utata

Division Sign Off

Office of In Vitro Diagnostic Device

Svaluation and Safety

November 10, 2005 Amendment 510(k)# K051472

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# Section E. Statement of Indication for Use Indications for Use

510(k) Number (if known): <u>K051472</u>
Device Name: <u>Biophen Heparin Calibrator &amp;</u>
Biophen UFH calibrator
Indications for Use:
Biophen Heparin & Unfractionated heparin (UFH) Calibrators are set of calibration plasmas for the measurement of Low molecular weight heparin (LMWH) and Unfractionated heparin, using anti-Xa colorimetric assays.
Prescription Use X Over-The-Counter Use (21 CFR 801 Subpart C)
(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE OF NEEDED)
Concurrence of CDRH, Office of Device Evaluation (ODE)  Justine  Division Sign-Off
Office of In Vitro Diagnostic Device Evaluation and Safety
510(k) KOS1472

November 10, 2005 Amendment 510(k)# K051472

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